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PTO/SB/81 (02-01)  
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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	29/056.362
Filing Date	06/27/1996
First Named Inventor	Scott H. Wakefield
Title	Speakerphone
Group Art Unit	
Examiner Name	
Attorney Docket Number	199-0058US

I hereby appoint:

☒ Practitioners at Customer Number

29855

Place Customer  
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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Cynthia Pevehouse, General Counsel
Signature	<i>Cynthia Pevehouse</i>
Date	5/20/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/86 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Polycom, Inc.  
 Application No./Patent No.: Des 382,266 Filed/Issue Date: Aug. 12, 1997  
 Entitled: Speakephone  
Polycom, Inc., a Delaware Corporation  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or  
 2. ☐ an assignee of less than the entire right, title and interest.  
 The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 8234, Frame 0410, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.  
 2. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.  
 3. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

[ ] Additional documents in the chain of title are listed on a supplemental sheet.

- [ ] Copies of assignments or other documents in the chain of title are attached.  
 [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

5/20/03  
 Date

Cynthia Pevehouse  
 Typed or printed name  
[Signature]  
 Signature  
General Counsel  
 Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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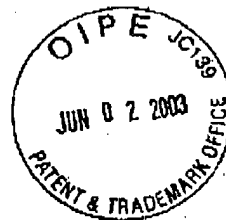
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Polycorn, Inc.

199-0058US

Power of Attorney Form  
Statement Under 37 CFR 3.73(b)  
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PTO/SB/01 (10-00)

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(s)) required)	Attorney Docket Number	ARC 2250 R1	
	First Named Inventor	Joseph B. Phipps	
	COMPLETE IF KNOWN		
	Application Number	10/609,211	
	Filing Date	June 27, 2003	
	Group Art Unit	3763	
		Examiner Name	Unassigned

As a below named inventor, I hereby declare that:  
My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and joint inventor (If plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A RESERVOIR AND A SERIES OF RELATED RESERVOIRS FOR USE IN AN ELECTROTRANSPORT DRUG DELIVERY DEVICE AND DEVICES COMPRISED THEREOF**  
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 8/27/2003 as United States Application Number or PCT International Application Number 10/609,211 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/029 attached hereto.
60/392,890	June 28, 2002	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:		
Application Serial No.	Filing Date	Status
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 0 5px;">27777</span> →		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below:		
Name	Registration Number	
Angela Nwaneri	34,229	
Samuel E. Webb	44,394	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Samuel E. Webb at telephone number (650) 564-5108		
Direct all correspondence to: <div style="display: inline-block; margin-left: 20px;">           Customer Number  <input checked="" type="checkbox"/> or Bar Code Label <span style="border: 1px solid black; padding: 0 5px;">27777</span> </div> <div style="display: inline-block; margin-left: 20px;">           OR <input type="checkbox"/> Correspondence address below         </div>		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Joseph B.		Family Name or Surname Phipps	
Inventor's Signature <i>Joseph B. Phipps</i>		Date 12/11/03	
Residence: City Sunnyvale	State CA	Country USA	Citizenship USA
Mailing Address 974 Kintyre Way			
City Sunnyvale	State CA	ZIP 94087	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gary A.		Family Name or Surname Lottin	
Inventor's Signature <i>Gary A. Lottin</i>		Date 11-26-03	
Residence: City Nemo	State SD	Country USA	Citizenship USA
Mailing Address 12736 Nemo Rd., P. O. Box 20			
City Nemo	State SD	ZIP 57759	Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Larry A.		Family Name or Surname McNichols	
Inventor's Signature		Date	
Residence: City Elk River	State MN	Country USA	Citizenship USA
Mailing Address 13127 195 Court			
City Elk River	State MN	ZIP 55330	Country USA

I her by declar that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Joseph B.		Family Name or Surname Phipps	
Inventor's Signature		Date	
Residence: City Sunnyvale	State CA	Country USA	Citizenship USA
Mailing Address 974 Kintyre Way			
City Sunnyvale	State CA	ZIP 94087	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gary A.		Family Name or Surname Lattin	
Inventor's Signature		Date	
Residence: City Nemo	State SD	Country USA	Citizenship USA
Mailing Address 12736 Nemo Rd., P. O. Box 20			
City Nemo	State SD	ZIP 57759	Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Larry A.		Family Name or Surname McNichols	
Inventor's Signature <i>Larry A. McNichols</i>		Date <i>11/24/03</i>	
Residence: City Elk River	State MN	Country USA	Citizenship USA
Mailing Address 13127 195 Court			
City Elk River	State MN	ZIP 55330	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) John D.		Family Name or Surname Badzinski	
Inventor's Signature <i>John D. Badzinski</i>		Date 24 Nov 03	
Residence: City Coon Rapids		State MN	Country USA
Citizenship USA			
Mailing Address 8774 Mississippi Blvd. NW			
City Coon Rapids		State MN	ZIP 55433
Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
City		State	ZIP
Country			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
City		State	ZIP
Country			